

<b>CLAIMS ONLY</b>							SERIAL NO. _____	FILING DATE _____					
							APPLICANT(S) _____						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓		↓		↓	TOTAL IND.	↓	↓	↓	↓	↓	↓
TOTAL DEP.	17	←		←		←	TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS	21						TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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